

# Foster Family Home - Corrective Action Report

Provider ID: 1-100037

Home Name: Elma Saladino, CNA

Review ID: 1-100037-4

91-1011 Pailani Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 11/12/2015

End Date: 11/2/15

## Foster Family Home Required Certificate

[17-1454-6]

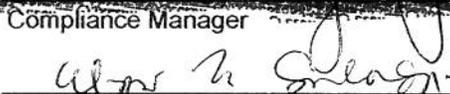
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person recertification review made on 11/12/15. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.



Compliance Manager

  
Primary Care Giver

11/12/15  
Date

11/12/15  
Date